

MMWRTM

MORBIDITY AND MORTALITY WEEKLY REPORT

- 133 Storm-Related Mortality—
Central Texas, October 17–31, 1998
- 135 Motor-Vehicle Occupant Fatalities and
Restraint Use Among Children
Aged 4–8 Years—United States,
1994–1998
- 137 Notices to Readers

Storm-Related Mortality— Central Texas, October 17–31, 1998

On October 17, 1998, a series of storms moved across the central and south regions of Texas, dropping up to 22 inches of rain in some areas and spawning several tornados. Sixty Texas counties (24%) reported flooding during October 17–19. Thirty-six counties became eligible for federal and/or state assistance as a result of damages suffered from this storm system during October 17–31. Estimated flood damage was approximately \$900 million, including damage to 12,000 homes, 700 businesses, and public property. This report summarizes findings of an epidemiologic investigation of 31 deaths associated with the storm system.

Epidemiologic information was obtained from the Bexar and Travis county medical examiners and from Justice of the Peace and Department of Public Safety officers in the nine counties that reported storm-related deaths. Information collected about the decedents included name, sex, race/ethnicity, age, circumstances and location of injury, cause of death, body of water involved, and date and time of injury. Data (e.g., cause of death and age) were supplemented in some cases by information provided by the Bureau of Vital Statistics. A case was defined as a death directly or indirectly related to the storm system during October 17–20, 1998. To capture all storm-related deaths, traumatic deaths were examined that occurred during October 17–31. A directly related death was defined as one resulting from physical contact with storm product (e.g., flood water, hail, lightning, or wind). An indirectly related death was defined as one that did not result from physical contact with a storm product, but would not have happened if the storm had not occurred.

Thirty-one deaths were considered directly or indirectly related to the storm (29 directly and two indirectly). Deaths occurred in 24 separate incidents in nine Texas counties. Thirty of the victims were Texas residents, and one was a Louisiana resident visiting Texas. Decedents ranged in age from 2 months to 83 years (median: 38 years); 20 decedents were males.

Cause of death for the 31 decedents included drowning (24 [77%]), cardiac origin (three [10%]), multiple trauma (three [10%]), and hypothermia (one [3%]). Of the 29 deaths directly related to the storm, 24 were caused by drowning. Three persons died of multiple trauma, one of hypothermia after submersion in water, and one of cardiac arrhythmia induced after he became trapped in a water crossing (i.e., a road traversing a low-lying area that is subject to flooding). Two died indirectly from the storm: one man died while awaiting rescue by emergency personnel who were unable to reach his resi-

Storm-Related Mortality — Continued

dence because of flooding, and a second man died in his truck in a water crossing on his property.

Twenty-two of the 29 cases with known circumstances occurred because a vehicle was driven into high water. These deaths occurred in 16 separate incidents. Four of these incidents resulted in multiple deaths. Of the 16 water-crossing incidents, 11 (69%) occurred at locations known to reporting authorities to have a history of flooding. Of the 16 water-crossing incidents, 10 (63%) involved trucks and/or sport-utility vehicles.

Of the other deaths with known circumstances, three were in persons who drowned in their homes and one was in a person who drowned near a boat dock on his property. Two persons died from tornado-related trauma, and one man died of a heart attack.

Most (14 [45%]) deaths occurred on the second day of the storm. No deaths were reported after October 19, though rain and flooding persisted through October 31. Time of the incident leading to death was known for 21 of the 29 cases with known circumstances; 19 deaths occurred within a 24-hour period. Seven deaths occurred during midnight–4 a.m.

Reported by: C Kremer, D Zane, J Underwood, S Stanley MD, D Stabeno, D Simpson, MD, D Perrotta, State Epidemiologist, Texas Dept of Health. Health Studies Br, Div of Environmental Hazards and Health Effects, National Center for Environmental Health; and an EIS Officer, CDC.

Editorial Note: The south central Texas region historically has been susceptible to damage and loss of life resulting from heavy rains. This period of flooding was the second most costly in terms of deaths and the most costly in monetary terms (1).

Flooding is the most common type of natural disaster worldwide, accounting for an estimated 40% of all natural disasters (2). Flash flooding is the leading cause of weather-related deaths in the United States, accounting for approximately 200 deaths per year (2).

In the United States, the most common cause of flood-related deaths is drowning (3). More than half of flood-related drownings occur when a vehicle is driven into hazardous flood waters (3–5). In the Texas floods, 76% of the deaths with known circumstances occurred because a motor vehicle was driven into flood waters.

The findings in this report are subject to at least two limitations. First, interpretation of storm-related deaths may have varied among medical examiners and Justice of the Peace and Department of Public Safety officials. For example, subjective determination was used to ascertain two deaths indirectly related to the storm, based on the criterion that the deaths would not have happened if the storm had not occurred. Although definitions and methods have been proposed, no standardized method for determining disaster-attributed mortality exists. Second, some post-storm impact deaths may have occurred outside of the study period.

Water-crossing incidents in the Texas floods occurred in vehicles ranging in size from a full-sized produce truck to a compact car. This finding underscores the importance of educating persons residing in flood-prone locations about the hazards of driving vehicles through areas inundated by flash floods and through swiftly moving flood waters (6).

References

1. West Gulf Coast River Forecast Center, National Weather Service. Significant floods in the WGRFC area, 1866–1997. Available at <http://www.srh.noaa.gov/wgrfc>. Accessed on November 20, 1998.

Storm-Related Mortality — Continued

2. French JG, Holt KW. Floods. In: Gregg MB, ed. The public health consequences of disasters. Atlanta, Georgia: US Department of Health and Human Services, Public Health Service, CDC, 1989:69-78.
3. Frazier K. The violent face of nature: severe phenomena and natural disasters. New York, New York: William Morrow and Company, Inc., 1979.
4. Staes C, Orengo JC, Malilay J, Rullan J, Noji E. Deaths due to flash floods in Puerto Rico, January 1992: implications for prevention. *International Journal of Epidemiology* 1994;23:968-75.
5. CDC. Flood-related mortality—Georgia, July 4-14, 1994. *MMWR* 1994;43:526-30.
6. National Weather Service/American Red Cross/Federal Emergency Management Agency. Flash floods and floods...the awesome power!: a preparedness guide. Washington, DC: US Department of Commerce, National Oceanic and Atmospheric Administration, National Weather Service/American Red Cross, 1992 (report no. NOAA/PA 92050, ARC 4493).

Motor-Vehicle Occupant Fatalities and Restraint Use Among Children Aged 4-8 Years — United States, 1994-1998

In the United States, more children aged 4-8 years die as occupants in motor-vehicle-related crashes than from any other form of unintentional injury (1). To reduce the number of deaths and injuries caused by motor-vehicle-related trauma, child passengers in this age group should be restrained properly in a vehicle's back seat (2). To characterize fatalities, restraint use, and seating position among occupants aged 4-8 years involved in fatal crashes, CDC analyzed 1994-1998 data from the Fatality Analysis Reporting System (FARS), which is maintained by the National Highway Traffic Safety Administration (NHTSA). This report summarizes the results of that analysis, which indicate that during 1994-1998, little change occurred in the death rate, restraint use, and seating position among children aged 4-8 years killed in crashes.

Motor-vehicle occupants who died in crashes during 1994-1998 were included in the analysis of FARS data. FARS is a census of traffic crashes in which at least one occupant or nonmotorist (e.g., pedestrian) died within 30 days of a crash on a public road within the 50 states, District of Columbia, and Puerto Rico. FARS includes information about restraint use and seating position derived from police crash reports. Restraint use (e.g., seat belts, child-safety seats [CSSs], and belt-positioning booster seats) was reported as used or not used. Seating position was designated as front, back, other, or unknown. Injury death rates per 100,000 population were calculated using annual estimates from the Bureau of the Census.

During 1994-1998, 14,411 child occupants aged 4-8 years were involved in crashes where one or more fatalities occurred; of these, 2549 (17.7%) died. Approximately 500 child occupants died each year during the study period; the average annual age-specific death rate was 2.6 per 100,000 population (Table 1). In 1994, restraint use among fatally injured children was 35.2% (177 of 503); in 1998, restraint use was 38.1% (201 of 527). The proportion of fatally injured children seated in the back seat of a vehicle involved in a crash was 50.1% (252 of 503) in 1994 and 53.7% (283 of 527) in 1998.

Reported by: Div of Unintentional Injury Prevention, National Center for Injury Prevention and Control, CDC.

Editorial Note: During 1994-1998, child occupant death rates did not decrease, restraint use among fatally injured child occupants changed little, and the proportion of fatally injured children seated in the back seat of a motor vehicle involved in a crash remained fairly constant. Children aged 4-8 years represent a special population for motor-vehicle

*Motor-Vehicle Occupant Fatalities — Continued***TABLE 1. Number of deaths, death rate,* restraint use, and seating position among fatally injured motor-vehicle occupants aged 4–8 years — United States, 1994–1998**

Year	No. deaths	Death rate	No. restrained	% restrained	No. seated in back	% seated in back
1994	503	2.65	177	35.2%	252	50.1%
1995	498	2.58	168	33.7%	208	41.8%
1996	499	2.55	188	37.7%	250	50.1%
1997	522	2.64	198	37.9%	257	49.2%
1998	527	2.66	201	38.1%	283	53.7%
Total	2549	2.61	932	36.6%	1250	49.0%

*Per 100,000 age-specific population.

Source: Fatality Analysis Reporting System, National Highway Traffic Safety Administration.

occupant protection. Having outgrown CSSs designed for younger passengers, children aged 4–8 years frequently sit unrestrained or are placed prematurely in adult seat belt systems. Public health and traffic safety organizations recommend that children in this age group be restrained properly in booster seats (3). This study found that nearly two thirds of fatally injured children were unrestrained at the time of the crash. Only 4%–6% of children aged 4–8 years used booster seats when riding in motor vehicles (4,5).

Belt-positioning booster seats raise a child so that the shoulder belt fits securely between the neck and arm and the lap belt lies low and flat across the upper thighs. Children do not fit in adult lap/shoulder belts without a booster seat until they are 58 inches tall and weigh 80 lbs (3,6). Children should ride in a booster seat from the time they graduate from their forward-facing CSS until approximately age 8 years or until they are tall enough for the knees to bend over the edge of the seat when the child's back is resting firmly against the seat back.

Despite recommendations for children to ride in the back seat whenever possible to reduce risk for injury in a crash, approximately one fourth of child passengers ride in the front seat (7). Riding in the back virtually eliminates injury risk from deployed front-seat passenger air bags and places the child in the safest part of the vehicle in the event of a crash. As of January 1, 2000, 35 children aged 4–8 years have died while seated in front of air bags. Of these children, 31 (89%) were either unrestrained or improperly restrained (8). Riding in the back seat is associated with at least a 30% reduction in the risk for fatal injury (9). Approximately half of those children in this study who were fatally injured were sitting in the back seat.

The 50 states, District of Columbia, and Puerto Rico have child-passenger safety laws; however, substantial gaps in coverage exist for child passengers aged 4–8 years. For example, in 19 states, children this age can ride unrestrained in the back seat of a motor vehicle. In most states, children as young as age 4 years may use an adult seat belt. No state requires the use of booster seats for children who have outgrown their CSSs (10). Three states have laws requiring that children be seated in the back seat of passenger vehicles. The ages of the children covered by these laws vary by state.

The findings in this study are subject to at least three limitations. First, police crash reports overestimate restraint use; therefore, restraint use may be lower for children in this age group. Second, vehicle miles traveled have increased during 1994–1998; consequently, improvements in fatality rates may be masked by increased exposure to travel. Finally, increases in restraint use and resulting changes in occupant fatalities may require many years of investigation before they become apparent.

Motor-Vehicle Occupant Fatalities — Continued

Reducing fatalities among motor vehicle occupants aged 4–8 years will require finding effective strategies to promote booster seat use and placement of children in the back seat. Public health and traffic safety efforts should be accelerated to increase appropriate occupant protection among children aged 4–8 years as a primary means to reduce fatal motor-vehicle-related injuries. Efforts are under way by CDC and others to determine the best ways to encourage booster seat use and to increase the prevalence of properly restrained children riding in the back seat.

References

1. National Center for Health Statistics. Annual mortality tapes. Hyattsville, Maryland: US Department of Health and Human Services, CDC, 1994–1998.
2. National Transportation Safety Board. Safety recommendation. Washington, DC: National Transportation Safety Board, 1997.
3. CDC. National Child Passenger Safety Week—February 14–20, 1999. *MMWR* 1999;48:83–4.
4. Winston FK, Durbin DR, Bhatia E, Werner J, Sorenson W. Patterns of inappropriate restraint for children in crashes. Joint session organized by the European Vehicle Passive Safety Network, AAAM, and IRCOB. London, England: Professional Engineering Publishing Limited, 1999.
5. Decina LE, Knoebel KY. Child safety seat misuse patterns in four states. *Accid Anal Prev* 1997;29:125–32.
6. American Academy of Pediatrics Committee on Injury and Poison Prevention. Selecting and using the most appropriate car safety seats for growing children: guidelines for counseling parents. *Pediatrics* 1996;97:761–2.
7. Segui-Gomez M, Glass R, Graham JD. Where children sit in motor vehicles: a comparison of selected European and American cities. *Injury Prevention* 1998;4:98–102.
8. National Highway Traffic Safety Administration. Special crash investigations monthly counts for airbag-related fatalities and seriously injured persons. Washington, DC: National Highway Traffic Safety Administration, 2000.
9. Braver ER, Whitfield R, Ferguson SA. Seating positions and children's risk of dying in motor vehicle crashes. *Injury Prevention* 1998;4:181–7.
10. Insurance Institute for Highway Safety. Child restraint, belt laws as of January 2000. Available at: http://www.highwaysafety.org/safety_facts/state_laws/restrain.htm. Accessed January 31, 2000.

*Notice to Readers***Xth International Symposium on Viral Hepatitis and Liver Disease**

The Public Health Service, in collaboration with the World Health Organization, is sponsoring the Xth International Symposium on Viral Hepatitis and Liver Disease, which will be hosted by CDC. The meeting will be held April 9–13, 2000, at the Marriott Marquis in Atlanta, Georgia.

The conference will include international experts to discuss the latest information about the molecular biology, diagnosis, epidemiology, clinical outcome, treatment, and prevention of each type of viral hepatitis. A major objective of the meeting is to highlight the importance of hepatitis surveillance, research, treatment, vaccination, and prevention programs in the developing world.

The meeting will consist of plenary sessions, oral and poster sessions based on submitted abstracts, and exhibits. Information about conference registration is available

Notices to Readers — Continued

through the symposium's World-Wide Web site, <http://www.hep2000.com>*, or by telephone, (404) 233-4490. Proceedings of the symposium will be published in a comprehensive symposium book.

*References to sites of non-CDC organizations on the World-Wide Web are provided as a service to *MMWR* readers and do not constitute or imply endorsement of these organizations or their programs by CDC or the U.S. Department of Health and Human Services. CDC is not responsible for the content of pages found at these sites.

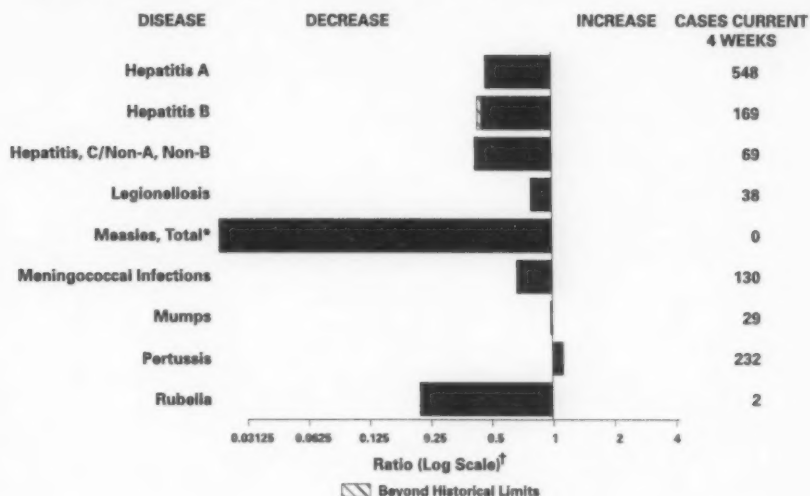
*Notice to Readers***Fourth Decennial International Conference
on Nosocomial and Healthcare-Associated Infections**

CDC is sponsoring the Fourth Decennial International Conference on Nosocomial and Healthcare-Associated Infections during March 5–9, 2000, at the Hyatt Regency in Atlanta, Georgia. The conference will highlight new strategies for preventing infections and promoting safety among patients and healthcare personnel. Key topics include patient safety, healthcare worker safety, antimicrobial resistance, and bioterrorism preparedness. Each year, approximately 2 million patients in the United States acquire infections while hospitalized for other conditions. These infections account for 88,000 deaths and cost approximately \$4.6 billion. Similar infections occur in nursing homes, outpatient clinics, dialysis centers, and other sites of healthcare delivery. CDC hosts the conference every 10 years to update national and international experts on trends in healthcare infection prevention and control. The meeting is cosponsored by the Society for Healthcare Epidemiology of America, the Association for Professionals in Infection Control and Epidemiology, and the National Foundation for Infectious Diseases. Additional information is available on the World-Wide Web, <http://www.decennial.org>*, or telephone (301) 984-9450 (extension 17 for registration and program information, extension 11 for exhibit information, or extension 10 for other information).

*References to sites of non-CDC organizations on the World-Wide Web are provided as a service to *MMWR* readers and do not constitute or imply endorsement of these organizations or their programs by CDC or the U.S. Department of Health and Human Services. CDC is not responsible for the content of pages found at these sites.

Erratum: Vol. 49, No. 6

On page 126, in Table II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending February 12, 2000, and February 13, 1999, (6th Week), the data for malaria, animal rabies, and salmonellosis were incorrect. The table with the corrected data appears on page 147.

FIGURE I. Selected notifiable disease reports, comparison of provisional 4-week totals ending February 19, 2000, with historical data — United States

*No measles cases were reported for the current 4-week period, yielding a ratio for week 7 of zero (0).

[†] Ratio of current 4-week total to mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

TABLE I. Summary — provisional cases of selected notifiable diseases, United States, cumulative, week ending February 19, 2000 (7th Week)

	Cum. 2000		Cum. 2000
Anthrax	-	HIV infection, pediatric ^{††}	9
Brucellosis*	3	Plague	1
Cholera	-	Poliomyelitis, paralytic	-
Congenital rubella syndrome	1	Psittacosis*	1
Cyclosporiasis*	2	Rabies, human	-
Diphtheria	-	Rocky Mountain spotted fever (RMSF)	20
Encephalitis: California* serogroup viral	-	Streptococcal disease, invasive Group A	363
eastern equine*	-	Streptococcal toxic-shock syndrome*	17
St. Louis*	-	Syphilis, congenital [†]	-
western equine*	-	Tetanus	-
Ehrlichiosis	4	Toxic-shock syndrome	14
human granulocytic (HGE)*	1	Trichinosis	1
human monocytic (HME)*	3	Typhoid fever	33
Hansen Disease*	7	Yellow fever	-
Hantavirus pulmonary syndrome**	-		
Hemolytic uremic syndrome, post-diarrheal*	-		

-: no reported cases

*Not notifiable in all states.

[†] Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases (NCID).

^{††} Updated monthly from reports to the Division of HIV/AIDS Prevention—Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention (NCHSTP), last update January 30, 2000.

^{**} Updated from reports to the Division of STD Prevention, NCHSTP.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending February 19, 2000, and February 20, 1999 (7th Week)

Reporting Area	AIDS		Chlamydia ¹		Cryptosporidiosis		Escherichia coli O157:H7 ^a		PHLS	
	Cum. 2000 ^b	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999
UNITED STATES	2,750	4,590	49,968	87,873	112	147	150	138	62	103
NEW ENGLAND	289	284	2,734	2,747	4	6	15	27	12	26
Maine	3	3	153	72	2	1	1	1	-	-
N.H.	3	13	96	142	-	-	3	1	3	1
Vt.	1	-	64	51	2	1	1	1	1	-
Mass.	234	239	1,336	1,145	-	3	4	16	2	13
R.I.	6	10	-	299	-	-	-	8	6	12
Conn.	42	19	1,083	1,038	-	1	6	8	-	-
MID. ATLANTIC	795	1,084	576	10,008	9	26	20	8	-	2
Upstate N.Y.	21	71	N	N	4	8	20	5	-	-
N.Y. City	495	650	-	4,910	4	14	-	1	-	1
N.J.	194	289	202	1,643	-	1	N	2	-	1
Pa.	85	74	374	3,455	1	3	N	N	-	-
E.N. CENTRAL	143	272	10,214	14,623	11	33	17	29	4	18
Ohio	25	70	2,227	4,853	6	4	5	18	1	6
Ind.	26	25	1,324	1,442	3	2	1	4	1	4
Ill.	64	77	2,964	3,639	-	5	8	2	-	3
Mich.	18	80	2,732	2,978	2	4	3	5	1	2
Wis.	9	20	967	1,711	-	18	N	N	1	3
W.N. CENTRAL	49	127	2,147	5,433	2	11	30	25	20	15
Minn.	11	22	658	1,087	-	4	7	8	9	10
Iowa	7	4	101	293	-	-	3	5	1	2
Mo.	15	73	686	2,381	2	4	18	2	7	1
N. Dak.	-	3	-	121	-	-	-	2	-	1
S. Dak.	1	-	223	298	-	1	-	-	-	-
Nebr.	4	5	285	499	-	1	2	2	2	1
Kans.	11	20	194	754	-	1	-	6	1	-
S. ATLANTIC	588	1,372	10,159	19,293	13	12	17	13	9	7
Del.	15	13	401	406	-	-	-	-	-	-
Md.	92	250	757	1,929	1	2	6	1	1	-
D.C.	22	13	302	N	-	3	-	-	U	2
Va.	41	76	1,529	1,932	-	-	3	5	2	2
W. Va.	4	10	-	322	-	-	1	-	1	1
N.C.	27	69	2,279	2,965	3	1	4	2	-	2
S.C.	35	111	669	3,890	-	-	-	1	-	1
Ga.	97	112	1,570	3,686	4	5	1	1	3	U
Fla.	255	718	2,652	4,143	5	1	2	3	2	1
E. S. CENTRAL	140	244	5,188	4,989	5	2	8	12	1	4
Ky.	20	16	1,124	1,024	-	1	2	3	U	U
Tenn.	35	95	1,614	1,815	-	1	5	5	1	2
Ala.	50	69	1,102	1,782	5	-	1	2	-	1
Miss.	35	64	1,328	368	-	-	-	2	-	1
W. S. CENTRAL	276	565	6,019	10,971	4	2	4	2	7	6
Ark.	8	19	486	701	1	-	2	1	1	2
La.	46	47	-	784	-	-	-	-	5	1
Okl.	10	19	908	1,233	-	-	-	-	-	-
Tex.	213	480	4,625	8,253	3	2	2	1	1	3
MOUNTAIN	102	68	2,798	4,402	6	18	18	6	3	5
Mont.	1	3	-	163	-	1	5	-	-	-
Idaho	3	5	64	245	1	2	2	-	-	-
Wyo.	1	-	82	98	-	-	2	1	-	1
Colo.	34	26	473	803	-	1	5	2	1	1
N. Mex.	8	4	233	667	-	9	-	1	-	-
Ariz.	22	5	1,213	1,768	2	5	2	1	2	-
Utah	12	4	343	227	3	N	1	1	-	3
Nev.	21	21	390	422	-	-	1	-	-	-
PACIFIC	368	574	10,153	15,407	58	37	21	16	6	20
Wash.	48	28	1,767	1,777	N	N	1	1	3	6
Oreg.	11	15	374	730	1	3	8	8	1	8
Calif.	299	510	7,769	12,240	57	34	15	7	-	6
Alaska	-	5	243	254	-	-	-	-	-	-
Hawaii	10	16	-	406	-	-	2	-	2	-
Guam	-	1	-	80	-	-	N	N	U	U
P.R.	77	94	113	U	-	-	-	1	U	U
V.I.	-	-	-	U	-	U	-	U	U	U
Amer. Samoa	-	-	-	U	-	U	-	U	U	U
C.N.M.I.	-	-	-	U	-	-	-	-	U	U

N: Not notifiable U: Unavailable - : no reported cases C.N.M.I.: Commonwealth of Northern Mariana Islands

^a Individual cases may be reported through both the National Electronic Telecommunications System for Surveillance (NETSS) and the Public Health Laboratory Information System (PHLIS).

^b Updated monthly from reports to the Division of HIV/AIDS Prevention—Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention, last update January 30, 2000.

^c Chlamydia refers to genital infections caused by *C. trachomatis*. Totals reported to the Division of STD Prevention, NCHSTP.

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending February 19, 2000, and February 20, 1999 (7th Week)

Reporting Area	Gonorrhea		Hepatitis C/NA, NB		Legionellosis		Lyme Disease	
	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999
UNITED STATES	26,945	48,699	201	408	67	114	277	528
NEW ENGLAND	921	1,028	-	2	4	9	36	77
Maine	8	8	-	-	2	-	-	1
N.H.	10	12	-	-	-	1	11	-
Vt.	1	7	-	1	-	3	-	-
Mass.	391	404	-	1	1	2	25	59
R.I.	-	83	-	-	-	1	-	-
Conn.	511	514	-	-	1	2	-	17
MID. ATLANTIC	623	5,597	-	9	7	28	184	323
Upstate N.Y.	275	521	-	4	2	5	56	51
N.Y. City	-	2,376	-	-	-	5	1	13
N.J.	86	1,058	-	-	-	3	-	81
Pa.	262	1,642	-	5	5	15	127	178
E.N. CENTRAL	6,208	8,924	34	257	20	42	1	19
Ohio	1,280	2,207	-	-	14	12	1	8
Ind.	596	914	-	-	3	1	-	-
Ill.	1,926	2,693	3	4	-	9	-	1
Mich.	1,814	2,316	31	85	3	12	-	1
Wis.	592	794	-	168	-	8	U	9
W.N. CENTRAL	839	2,752	24	31	4	3	2	6
Minn.	274	405	-	-	1	-	1	-
Iowa	31	95	-	-	-	2	-	1
Mo.	324	1,697	24	29	2	1	1	2
N. Dak.	-	7	-	-	-	-	-	1
S. Dak.	30	26	-	-	-	-	-	-
Nebr.	92	229	-	1	-	-	-	-
Kans.	88	293	-	1	-	-	-	2
S. ATLANTIC	8,207	15,137	9	28	19	12	38	68
Del.	220	234	-	-	1	2	-	4
Md.	369	2,337	2	16	6	-	30	53
D.C.	312	1,180	-	-	-	-	-	1
Va.	1,263	1,669	-	4	3	2	1	-
W. Va.	-	99	-	2	N	N	2	-
N.C.	2,207	2,662	5	5	1	3	3	10
S.C.	574	1,934	-	1	2	3	-	-
Ga.	1,177	2,068	-	-	-	-	-	-
Fla.	2,085	2,954	2	-	6	2	2	-
E.S. CENTRAL	3,740	4,173	47	23	1	6	-	9
Ky.	469	554	3	3	-	3	-	-
Tenn.	1,295	1,528	13	16	-	3	-	2
Ala.	935	1,655	3	1	1	-	-	4
Miss.	1,041	436	28	3	-	-	-	3
W.S. CENTRAL	3,430	6,251	35	5	-	-	-	-
Ark.	282	329	-	-	-	-	-	-
La.	-	859	-	2	-	-	-	-
Okla.	456	658	-	1	-	-	-	-
Tex.	2,692	4,405	35	2	-	-	-	-
MOUNTAIN	1,051	1,298	25	33	5	7	1	1
Mont.	-	3	-	2	-	-	-	-
Idaho	4	18	-	3	1	-	-	-
Wyo.	5	4	13	15	-	-	-	-
Colo.	442	236	4	3	2	1	-	-
N. Mex.	41	142	4	6	-	1	-	1
Ariz.	361	685	4	3	-	-	1	-
Utah	50	24	-	1	2	-	-	-
Nev.	148	198	-	-	-	2	-	-
PACIFIC	1,926	3,539	27	20	7	7	15	25
Wash.	325	295	2	2	1	-	-	-
Oreg.	47	115	6	2	N	N	1	-
Calif.	1,525	3,005	19	16	6	7	14	25
Alaska	29	49	-	-	-	-	-	-
Hawaii	-	75	-	-	-	-	N	N
Guam	-	13	-	-	-	-	-	-
P.R.	28	42	-	-	-	-	N	N
V.I.	-	-	-	U	-	U	-	U
Amer. Samoa	-	U	-	U	-	U	-	U
C.N.M.I.	-	U	-	U	-	U	-	U

N: Not notifiable

U: Unavailable

-: no reported cases

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending February 19, 2000, and February 20, 1999 (7th Week)

Reporting Area	Malaria		Rabies, Animal		Salmonellosis*			
	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	NETSS		PHLIS	
	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999
UNITED STATES	84	151	346	578	2,389	3,154	1,232	3,123
NEW ENGLAND	-	2	52	88	162	175	126	184
Maine	-	-	13	13	14	21	-	13
N.H.	-	-	1	5	11	3	7	8
Vt.	-	-	3	14	3	9	3	8
Mass.	-	2	21	26	90	102	78	97
R.I.	-	-	-	7	3	6	12	15
Conn.	-	-	14	23	32	32	26	43
MID. ATLANTIC	7	51	79	114	173	473	153	384
Upstate N.Y.	5	9	63	70	43	75	24	117
N.Y. City	1	23	16	44	64	161	129	153
N.J.	-	14	8	27	-	125	-	110
Pa.	1	5	8	17	65	112	-	4
E.N. CENTRAL	5	21	1	1	291	528	150	479
Ohio	2	1	-	-	106	118	60	92
Ind.	-	4	-	-	33	24	21	37
Ill.	-	8	-	-	97	162	-	165
Mich.	3	5	-	1	51	132	53	136
Wis.	-	3	-	-	4	92	16	49
W.N. CENTRAL	2	7	24	78	91	153	104	209
Minn.	2	-	17	10	21	39	36	71
Iowa	-	2	6	12	13	25	8	22
Mo.	-	5	1	3	34	47	32	66
N. Dak.	-	-	-	15	-	1	2	6
S. Dak.	-	-	-	25	6	4	8	10
Nebr.	-	-	-	1	17	16	5	15
Kans.	-	-	-	12	-	21	13	19
S. ATLANTIC	25	39	154	221	435	526	234	573
Del.	-	-	7	3	9	12	7	11
Md.	14	14	40	59	77	85	46	68
D.C.	-	5	-	-	-	14	U	U
Va.	7	4	46	48	46	60	22	73
W. Va.	-	1	13	10	15	5	9	12
N.C.	3	1	28	50	104	141	30	120
S.C.	-	-	9	11	49	27	32	43
Ga.	-	2	-	19	54	72	68	176
Fla.	1	6	12	21	82	110	-	70
E.S. CENTRAL	4	3	5	22	134	226	36	108
Ky.	1	-	2	6	10	52	U	U
Tenn.	-	2	-	14	36	61	33	68
Ala.	3	1	3	2	54	68	-	33
Miss.	-	-	-	-	34	45	3	7
W.S. CENTRAL	-	3	-	9	111	168	157	330
Ark.	-	1	-	-	22	28	6	29
La.	-	1	-	-	-	10	41	52
Okla.	-	-	-	9	-	26	-	9
Tex.	-	1	-	-	89	104	110	240
MOUNTAIN	6	6	14	14	246	233	157	216
Mont.	-	1	6	3	11	3	-	1
Idaho	-	1	-	-	10	7	-	11
Wyo.	-	-	5	5	3	2	-	5
Colo.	2	1	-	-	38	63	34	62
N. Mex.	-	1	-	-	23	25	21	23
Ariz.	2	2	3	5	68	80	70	65
Utah	2	-	-	-	46	28	32	31
Nev.	-	-	-	-	19	25	-	18
PACIFIC	36	26	17	31	746	672	115	640
Wash.	-	2	-	-	15	21	59	86
Oreg.	4	3	-	-	42	40	36	69
Calif.	31	17	14	31	649	561	-	434
Alaska	-	-	3	-	9	6	2	4
Hawaii	-	3	-	-	31	44	18	47
Guam	-	-	-	-	-	12	U	U
P.R.	-	-	2	6	-	49	U	U
V.I.	-	U	-	U	-	U	U	U
Amer. Samoa	-	U	-	U	-	U	U	U
C.N.M.I.	-	U	-	U	-	U	U	U

N: Not notifiable U: Unavailable -: no reported cases

*Individual cases may be reported through both the National Electronic Telecommunications System for Surveillance (NETSS) and the Public Health Laboratory Information System (PHLIS).

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending February 19, 2000, and February 20, 1999 (7th Week)

Reporting Area	Shigellosis*				Syphilis (Primary & Secondary)		Tuberculosis	
	NETSS		PHLS		Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999†
	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999†
UNITED STATES	1,390	1,629	554	944	588	885	726	1,393
NEW ENGLAND	37	36	25	39	7	10	15	34
Maine	2	-	-	-	-	-	-	1
N.H.	1	2	-	4	-	-	1	-
Vt.	-	1	-	1	-	1	-	-
Mass.	25	28	17	25	6	6	11	11
R.I.	3	3	4	3	-	-	2	13
Conn.	6	2	4	6	1	3	1	9
MID. ATLANTIC	34	119	32	82	9	34	139	182
Upstate N.Y.	13	24	3	17	-	2	-	10
N.Y. City	15	36	29	36	6	14	94	81
N.J.	-	37	-	29	-	12	39	55
Pa.	6	20	-	-	3	6	6	36
E.N. CENTRAL	232	357	63	142	133	120	44	133
Ohio	16	132	3	11	9	11	12	41
Ind.	22	13	5	6	50	33	2	10
Ill.	83	124	-	114	40	64	24	55
Mich.	107	38	53	-	23	7	3	22
Wis.	4	50	2	11	11	5	3	5
W.N. CENTRAL	58	87	42	72	6	34	27	39
Minn.	12	14	17	14	2	1	15	19
Iowa	12	1	7	3	-	-	-	9
Mo.	25	58	14	49	4	31	8	9
N. Dak.	-	-	-	-	-	-	-	-
S. Dak.	1	-	-	-	-	-	2	1
Nebr.	8	7	2	3	-	1	2	-
Kans.	-	6	2	3	-	1	-	1
S. ATLANTIC	99	181	16	44	211	361	120	156
Del.	-	4	-	-	1	1	-	2
Md.	11	12	3	3	38	72	10	23
D.C.	-	8	U	U	10	32	-	4
Va.	10	5	-	4	19	21	-	9
W. Va.	-	3	-	1	-	1	5	5
N.C.	8	42	4	10	68	77	17	33
S.C.	3	15	1	11	5	37	18	44
Ga.	5	14	3	9	22	70	43	32
Fla.	62	78	5	11	42	50	27	4
E.S. CENTRAL	67	226	26	131	104	162	47	96
Ky.	9	20	U	U	5	17	-	6
Tenn.	36	168	24	123	75	80	12	33
Ala.	5	24	-	8	14	46	36	47
Miss.	18	14	2	-	10	20	-	7
W.S. CENTRAL	114	207	120	331	64	111	11	262
Ark.	30	16	-	12	3	10	8	6
La.	-	11	17	19	-	4	-	U
Okl.	-	68	1	11	27	36	3	7
Tex.	84	114	102	289	34	61	-	247
MOUNTAIN	165	113	46	61	22	17	42	31
Mont.	-	3	-	-	-	-	-	-
Idaho	21	2	-	1	-	-	-	-
Wyo.	-	1	-	1	-	-	-	-
Colo.	21	21	12	17	3	-	4	U
N. Mex.	18	10	12	6	1	-	4	4
Ariz.	66	65	17	26	16	17	15	12
Utah	5	7	4	8	-	-	4	9
Nev.	34	4	-	2	2	-	15	6
PACIFIC	584	303	185	42	32	38	281	470
Wash.	80	7	162	22	8	-	21	13
Oreg.	70	7	19	9	-	1	-	11
Calif.	427	281	-	-	24	33	250	417
Alaska	2	-	-	-	-	-	1	6
Hawaii	5	8	4	11	-	1	9	23
Guam	-	2	U	U	-	-	-	-
P.R.	-	6	U	U	16	34	-	-
V.I.	-	U	U	U	-	U	-	U
Amer. Samoa	-	U	U	U	-	U	-	U
C.N.M.I.	-	U	U	U	-	U	-	U

N: Not notifiable U: Unavailable - : no reported cases

*Individual cases may be reported through both the National Electronic Telecommunications System for Surveillance (NETSS) and the Public Health Laboratory Information System (PHLS).

†Cumulative reports of provisional tuberculosis cases for 1999 are unavailable ("U") for some areas using the Tuberculosis Information System (TIMS).

TABLE III. Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending February 19, 2000, and February 20, 1999 (7th Week)

Reporting Area	<i>H. influenzae</i> , invasive		Hepatitis (Viral), by type				Measles (Rubeola)				Total	
	Cum. 2000 ^a	Cum. 1999	A		B		Indigenous		Imported ^a		Cum. 2000	Cum. 1999
			Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	2000	2000	2000	2000		
UNITED STATES	112	149	1,274	2,069	466	634	-	1	-	-	1	14
NEW ENGLAND	7	12	23	30	6	21	-	-	-	-	-	1
Maine	-	1	1	2	1	-	-	-	-	-	-	-
N.H.	2	1	5	2	3	2	-	-	-	-	-	1
Vt.	1	2	1	-	2	-	-	-	-	-	-	-
Mass.	4	7	4	11	-	9	-	-	-	-	-	-
R.I.	-	-	-	-	-	2	-	-	-	-	-	-
Conn.	-	1	12	15	-	8	-	-	-	-	-	-
MID. ATLANTIC	14	23	45	132	38	98	-	-	-	-	-	-
Upstate N.Y.	10	10	26	16	6	13	-	-	-	-	-	-
N.Y. City	-	6	19	50	32	26	-	-	-	-	-	-
N.J.	3	7	-	25	-	20	-	-	-	-	-	-
Pa.	1	-	-	41	-	39	-	-	-	-	-	-
E.N. CENTRAL	15	27	147	566	65	69	-	1	-	-	1	-
Ohio	9	12	61	91	16	16	-	-	-	-	-	-
Ind.	2	1	2	11	1	4	-	-	-	-	-	-
Ill.	2	13	11	117	-	-	-	-	-	-	-	-
Mich.	2	1	72	336	48	46	-	1	-	-	1	-
Wis.	-	-	1	11	-	4	U	-	U	-	-	-
W.N. CENTRAL	2	7	109	113	18	34	-	-	-	-	-	-
Minn.	-	-	12	2	-	1	-	-	-	-	-	-
Iowa	-	3	11	11	2	3	U	-	U	-	-	-
Mo.	1	2	80	80	14	21	-	-	-	-	-	-
N. Dak.	-	-	-	-	-	-	U	-	U	-	-	-
S. Dak.	-	1	-	-	1	-	-	-	-	-	-	-
Nebr.	1	-	6	12	1	7	-	-	-	-	-	-
Kans.	-	1	-	8	-	2	U	-	U	-	-	-
S. ATLANTIC	40	27	114	154	70	88	-	-	-	-	-	-
Del.	-	-	-	-	-	-	-	-	-	-	-	-
Md.	19	19	20	54	18	33	-	-	-	-	-	-
D.C.	-	-	-	9	-	2	U	-	U	-	-	-
Va.	10	2	24	12	19	7	-	-	-	-	-	-
W. Va.	1	1	7	-	-	-	-	-	-	-	-	-
N.C.	3	2	24	20	11	31	-	-	-	-	-	-
S.C.	1	2	2	1	1	10	-	-	-	-	-	-
Ga.	6	1	6	59	-	4	-	-	-	-	-	-
Fla.	1	1	31	-	21	1	U	-	U	-	-	-
E.S. CENTRAL	3	12	62	66	42	57	-	-	-	-	-	-
Ky.	-	2	2	10	1	3	-	-	-	-	-	-
Tenn.	3	4	21	30	27	32	-	-	-	-	-	-
Ala.	-	4	11	19	4	13	-	-	-	-	-	-
Miss.	-	2	26	9	10	9	-	-	-	-	-	-
W.S. CENTRAL	-	10	168	191	7	46	-	-	-	-	-	2
Ark.	-	-	14	3	7	7	-	-	-	-	-	-
La.	-	-	-	1	-	1	U	-	U	-	-	-
Okla.	-	8	-	76	-	10	U	-	U	-	-	-
Tex.	-	2	154	111	-	28	-	-	-	-	-	2
MOUNTAIN	20	17	103	209	50	64	-	-	-	-	-	-
Mont.	-	1	1	2	1	1	-	-	-	-	-	-
Idaho	1	1	4	4	3	4	-	-	-	-	-	-
Wyo.	-	1	-	1	-	-	U	-	U	-	-	-
Colo.	6	1	29	51	12	13	-	-	-	-	-	-
N. Mex.	6	4	11	5	13	21	-	-	-	-	-	-
Ariz.	6	6	43	113	18	12	-	-	-	-	-	-
Utah	1	3	8	13	1	5	-	-	-	-	-	-
Nev.	-	-	7	20	2	8	-	-	-	-	-	-
PACIFIC	11	14	503	608	170	157	-	-	-	-	-	11
Wash.	2	-	9	20	1	1	-	-	-	-	-	2
Oreg.	4	4	33	31	1	11	-	-	-	-	-	8
Calif.	-	9	459	552	153	142	-	-	-	-	-	1
Alaska	1	1	3	2	2	2	-	-	-	-	-	-
Hawaii	4	-	-	1	1	1	-	-	-	-	-	-
Guam	-	-	-	2	-	1	U	-	U	-	-	-
P.R.	-	-	-	8	-	15	U	-	U	-	-	-
V.I.	-	U	-	U	-	U	U	-	U	-	-	U
Amer. Samoa	-	U	-	U	-	U	U	-	U	-	-	U
C.N.M.I.	-	U	-	U	-	U	U	-	U	-	-	U

N: Not notifiable U: Unavailable -: no reported cases

^aFor imported measles, cases include only those resulting from importation from other countries.

¹Of 27 cases among children aged <5 years, serotype was reported for 11 and of those, 3 were type b.

TABLE III. (Cont'd) Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending February 19, 2000, and February 20, 1999 (7th Week)

Reporting Area	Meningococcal Disease		Mumps			Pertussis			Rubella		
	Cum. 2000	Cum. 1999	2000	Cum. 2000	Cum. 1999	2000	Cum. 2000	Cum. 1999	2000	Cum. 2000	Cum. 1999
UNITED STATES	301	296	11	46	49	75	416	492	-	2	1
NEW ENGLAND	17	18	-	-	3	26	99	69	-	1	1
Maine	2	2	-	-	-	3	7	-	-	-	-
N.H.	-	2	-	-	1	8	28	3	-	1	-
Vt.	1	1	-	-	-	11	37	9	-	-	-
Mass.	9	13	-	-	2	2	24	57	-	-	1
R.I.	1	-	-	-	-	2	2	-	-	-	-
Conn.	4	-	-	-	-	-	1	-	-	-	-
MID. ATLANTIC	21	41	1	3	7	8	32	27	-	-	-
Upstate N.Y.	6	7	-	1	2	-	22	13	-	-	-
N.Y. City	4	15	-	-	-	-	-	7	-	-	-
N.J.	4	10	-	-	-	-	-	2	-	-	-
Pa.	7	9	1	2	3	8	10	5	-	-	-
E. N. CENTRAL	35	48	-	1	2	9	105	76	-	-	-
Ohio	10	17	-	-	-	8	97	50	-	-	-
Ind.	7	5	-	-	-	-	3	3	-	-	-
Ill.	4	17	-	-	1	1	2	7	-	-	-
Mich.	13	7	-	1	-	-	3	7	-	-	-
Wis.	1	2	U	-	-	U	-	9	U	-	-
W. N. CENTRAL	31	32	-	6	1	2	12	12	-	-	-
Minn.	1	-	-	-	-	2	7	-	-	-	-
Iowa	3	7	U	1	1	U	3	4	U	-	-
Mo.	26	15	-	1	-	-	1	1	-	-	-
N. Dak.	-	-	U	-	-	U	-	-	U	-	-
S. Dak.	1	4	-	-	-	-	1	1	-	-	-
Nebr.	-	2	-	4	-	U	-	6	U	-	-
Kans.	-	4	U	-	-	-	-	-	-	-	-
S. ATLANTIC	58	31	1	5	6	12	35	42	-	-	-
Del.	-	1	-	-	-	-	-	-	-	-	-
Md.	4	6	-	1	2	2	11	18	-	-	-
D.C.	-	-	U	-	-	U	-	-	U	-	-
Va.	10	2	-	-	-	-	1	6	-	-	-
W. Va.	1	1	-	-	-	-	-	-	-	-	-
N.C.	12	6	1	1	1	10	14	16	-	-	-
S.C.	6	6	-	3	2	-	9	2	-	-	-
Ga.	11	8	-	-	-	U	-	-	-	-	-
Fla.	14	1	U	-	1	U	-	-	U	-	-
E. S. CENTRAL	17	27	-	1	-	1	8	14	-	-	-
Ky.	2	4	-	-	-	-	3	3	-	-	-
Tenn.	7	9	-	-	-	-	1	6	-	-	-
Ala.	7	11	-	1	-	1	4	5	-	-	-
Miss.	1	3	-	-	-	-	-	-	-	-	-
W. S. CENTRAL	1	17	-	-	10	2	3	17	-	-	-
Ark.	1	4	-	-	-	2	3	2	-	-	-
La.	-	8	U	-	-	U	-	3	U	-	-
Okla.	-	6	U	-	1	U	-	12	U	-	-
Tex.	-	2	-	-	9	-	-	-	-	-	-
MOUNTAIN	15	32	1	2	4	8	103	103	-	1	-
Mont.	2	-	-	-	-	-	-	-	-	-	-
Idaho	-	4	-	-	-	1	16	50	-	-	-
Wy.	-	1	U	-	-	U	-	1	U	-	-
Colo.	2	10	-	-	2	6	58	18	-	-	-
N. Mex.	2	5	1	N	N	1	17	7	-	-	-
Ariz.	6	7	-	-	-	-	8	11	-	-	-
Utah	3	3	-	-	1	-	3	15	-	1	-
Nev.	-	2	-	2	1	-	1	1	-	-	-
PACIFIC	106	50	8	28	16	7	19	132	-	-	-
Wash.	5	6	-	-	-	3	5	3	-	-	-
Oreg.	13	11	N	N	N	4	12	3	-	-	-
Calif.	86	26	8	28	12	-	-	119	-	-	-
Alaska	-	3	-	-	1	-	2	1	-	-	-
Hawaii	2	4	-	-	3	-	-	6	-	-	-
Guam	-	-	U	-	-	U	-	-	U	-	-
P.R.	-	-	U	-	-	U	-	-	U	-	-
V.I.	-	U	U	-	U	U	-	U	U	-	U
Amer. Samoa	-	U	U	-	U	U	-	U	U	-	U
C.N.M.I.	-	U	U	-	U	U	-	U	U	-	U

N: Not notifiable

U: Unavailable

-: no reported cases

TABLE IV. Deaths in 122 U.S. cities,* week ending
February 19, 2000 (7th Week)

Reporting Area	All Causes, By Age (Years)						P&I† Total	Reporting Area	All Causes, By Age (Years)						P&I† Total	
	All Ages	≥65	45-64	25-44	1-24	<1			All Ages	≥65	45-64	25-44	1-24	<1		
NEW ENGLAND	549	410	96	34	7	2	65	S. ATLANTIC	1,676	1,116	355	122	46	37	168	
Boston, Mass.	177	124	36	13	3	1	19	Atlanta, Ga.	U	U	U	U	U	U	U	
Bridgeport, Conn.	44	33	8	3	-	-	4	Baltimore, Md.	345	212	87	32	8	6	44	
Cambridge, Mass.	21	19	1	1	-	-	5	Charlotte, N.C.	128	96	30	7	3	2	16	
Fall River, Mass.	49	41	6	2	-	-	9	Jacksonville, Fla.	156	118	28	4	1	5	22	
Hartford, Conn.	U	U	U	U	U	U	9	Miami, Fla.	102	59	25	8	10	-	8	
Lowell, Mass.	24	21	2	1	-	-	1	Norfolk, Va.	70	57	7	4	2	2	7	
Lynn, Mass.	16	12	2	2	-	-	1	Richmond, Va.	74	41	19	8	2	4	9	
New Bedford, Mass.	31	24	5	1	-	1	1	Savannah, Ga.	65	45	13	4	2	1	9	
New Haven, Conn.	41	30	6	3	2	-	6	St. Petersburg, Fla.	71	60	6	5	-	-	9	
Providence, R.I.	U	U	U	U	U	U	U	Tampa, Fla.	260	195	45	13	5	2	38	
Somerville, Mass.	6	2	3	-	1	-	1	Washington, D.C.	389	231	91	37	13	17	8	
Springfield, Mass.	54	38	12	3	1	-	3	Wilmington, Del.	16	12	4	-	-	-	-	
Waterbury, Conn.	29	24	5	-	-	-	6	E.S. CENTRAL	1,114	773	226	68	24	22	113	
Worcester, Mass.	57	42	10	5	-	-	9	Birmingham, Ala.	227	165	38	16	3	5	26	
MID. ATLANTIC	2,348	1,699	412	165	43	27	120	Chattanooga, Tenn.	98	67	20	6	1	2	7	
Albany, N.Y.	64	52	6	4	1	1	6	Knoxville, Tenn.	105	79	20	4	1	1	13	
Allentown, Pa.	U	U	U	U	U	U	U	Lexington, Ky.	65	44	13	4	2	2	8	
Buffalo, N.Y.	104	82	14	6	-	1	11	Memphis, Tenn.	279	191	62	12	9	5	24	
Camden, N.J.	25	13	6	3	3	-	1	Mobile, Ala.	118	80	28	7	-	3	11	
Elizabeth, N.J.	21	15	5	-	-	1	-	Montgomery, Ala.	53	39	10	4	-	-	8	
Erie, Pa.	54	38	10	4	2	-	4	Nashville, Tenn.	171	108	35	15	8	4	16	
Jersey City, N.J.	40	22	10	3	3	2	-	W.S. CENTRAL	1,740	1,123	359	150	64	42	153	
New York City, N.Y.	1,302	921	243	100	21	16	39	Austin, Tex.	97	60	22	9	5	1	10	
Newark, N.J.	U	U	U	U	U	U	U	Baton Rouge, La.	50	36	7	6	1	-	-	
Paterson, N.J.	30	21	3	5	-	1	4	Corpus Christi, Tex.	57	38	11	4	1	3	8	
Philadelphia, Pa.	309	219	55	22	9	4	24	Dallas, Tex.	262	163	62	23	4	10	8	
Pittsburgh, Pa.	72	40	18	5	-	-	3	El Paso, Tex.	66	45	11	6	-	3	3	
Reading, Pa.	42	40	2	-	-	-	3	Ft. Worth, Tex.	125	80	28	8	3	6	8	
Rochester, N.Y.	123	102	15	5	-	1	13	Houston, Tex.	444	276	102	46	16	4	53	
Schenectady, N.Y.	17	15	2	-	-	-	-	Little Rock, Ark.	89	68	10	6	3	2	6	
Scranton, Pa.	31	24	5	1	1	-	-	New Orleans, La.	86	45	10	9	12	8	-	
Syracuse, N.Y.	76	55	15	4	2	-	8	San Antonio, Tex.	272	187	56	15	11	3	40	
Trenton, N.J.	17	16	-	1	-	-	2	Shreveport, La.	71	48	11	6	5	1	7	
Utica, N.Y.	21	15	3	2	1	-	2	Tulsa, Okla.	122	77	29	12	3	1	10	
Yonkers, N.Y.	U	U	U	U	U	U	U	MOUNTAIN	1,081	712	222	87	37	23	102	
E.N. CENTRAL	2,269	1,544	478	136	44	00	238	Albuquerque, N.M.	114	81	19	11	3	-	8	
Akron, Ohio	46	36	6	1	1	2	4	Boise, Idaho	55	38	11	3	2	1	7	
Canton, Ohio	44	33	10	-	1	-	5	Colorado Springs, Colo.	59	43	9	5	1	-	1	
Chicago, Ill.	444	278	98	41	11	14	62	Denver, Colo.	117	68	24	11	7	7	9	
Cincinnati, Ohio	92	70	16	2	1	3	5	Las Vegas, Nev.	234	134	70	23	5	2	26	
Cleveland, Ohio	179	113	48	9	3	6	8	Ogden, Utah	U	U	U	U	U	U	U	
Columbus, Ohio	220	148	50	13	5	4	19	Phoenix, Ariz.	180	108	40	22	6	4	14	
Dayton, Ohio	132	102	24	6	-	-	19	Pueblo, Colo.	28	25	1	1	1	-	4	
Detroit, Mich.	219	122	65	18	5	4	22	Salt Lake City, Utah	117	82	20	4	6	5	15	
Evansville, Ind.	57	43	8	1	1	4	7	Tucson, Ariz.	178	133	28	7	6	4	18	
Fort Wayne, Ind.	74	54	15	3	1	1	6	PACIFIC	1,877	1,362	328	118	34	33	193	
Gary, Ind.	26	12	11	4	-	1	-	Berkeley, Calif.	U	U	U	U	U	U	U	
Grand Rapids, Mich.	63	48	10	1	3	1	6	Fresno, Calif.	87	60	12	5	1	-	11	
Indianapolis, Ind.	227	153	42	19	5	6	28	Glendale, Calif.	12	9	2	-	-	1	2	
Lansing, Mich.	41	27	10	1	1	2	2	Honolulu, Hawaii	94	66	20	4	1	3	8	
Milwaukee, Wis.	147	106	21	11	4	5	27	Long Beach, Calif.	72	48	15	8	1	-	8	
Peoria, Ill.	52	44	3	2	-	3	3	Los Angeles, Calif.	568	403	89	49	17	10	37	
Rockford, Ill.	40	39	5	2	2	1	4	Pasadena, Calif.	36	24	7	4	1	-	3	
South Bend, Ind.	66	46	19	-	-	1	-	Portland, Oreg.	121	93	19	7	-	2	11	
Toledo, Ohio	89	70	17	2	-	-	11	Sacramento, Calif.	169	119	30	11	2	7	32	
Youngstown, Ohio	U	U	U	U	U	U	U	San Diego, Calif.	166	120	33	5	6	1	15	
W.N. CENTRAL	908	660	150	46	27	26	112	San Francisco, Calif.	U	U	U	U	U	U	U	
Des Moines, Iowa	162	126	27	6	2	1	25	San Jose, Calif.	200	149	36	10	1	4	26	
Duluth, Minn.	23	17	4	1	1	-	3	Santa Cruz, Calif.	25	22	2	1	-	-	3	
Kansas City, Kans.	25	15	5	5	-	-	6	Seattle, Wash.	136	91	32	10	1	2	18	
Kansas City, Mo.	114	80	18	8	5	3	11	Spokane, Wash.	54	44	6	2	1	1	6	
Lincoln, Neb.	29	26	2	-	1	-	6	Tacoma, Wash.	137	105	25	3	2	2	13	
Minneapolis, Minn.	168	129	25	4	4	6	23	TOTAL	13,562†	9,399	2,626	925	326	272	1,264	
Omaha, Neb.	87	58	16	7	2	4	7									
St. Louis, Mo.	125	81	30	4	4	6	12									
St. Paul, Minn.	98	74	8	7	5	4	11									
Wichita, Kans.	77	54	15	3	3	2	8									

U: Unavailable -no reported cases

*Mortality data in this table are voluntarily reported from 122 cities in the United States, most of which have populations of 100,000 or more.

A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

†Because of changes in reporting methods in this Pennsylvania city, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

†Total includes unknown ages.

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending February 12, 2000, and February 13, 1999 (6th Week)

Reporting Area	Malaria		Rabies, Animal		Salmonellosis*			
	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	NETSS		PHLIS	
	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999
UNITED STATES	71	132	309	487	2,056	2,743	859	2,730
NEW ENGLAND	-	2	46	78	134	150	79	157
Maine	-	-	11	11	9	18	-	11
N.H.	-	-	1	4	10	3	2	6
Vt.	-	-	3	13	3	7	1	8
Mass.	-	2	20	22	84	87	54	83
R.I.	-	-	-	7	3	8	1	15
Conn.	-	-	11	21	25	27	21	34
MID. ATLANTIC	7	42	66	91	139	396	124	337
Upstate N.Y.	5	7	52	57	43	63	24	98
N.Y. City	1	19	U	U	42	136	100	133
N.J.	-	13	6	21	-	108	-	103
Pa.	1	3	8	13	54	89	-	3
E.N. CENTRAL	4	18	1	1	241	472	124	407
Ohio	2	1	1	-	96	99	47	74
Ind.	-	4	-	-	23	18	21	31
Ill.	-	6	-	-	75	149	-	139
Mich.	2	4	-	1	43	119	42	119
Wis.	-	3	-	-	4	87	14	44
W.N. CENTRAL	2	6	22	66	85	121	85	183
Minn.	2	-	15	10	21	21	29	59
Iowa	-	2	6	12	13	21	8	19
Mo.	-	4	1	2	34	42	25	60
N. Dak.	-	-	-	11	-	1	1	8
S. Dak.	-	-	-	21	-	2	4	8
Nebr.	-	-	-	1	17	15	5	15
Kans.	-	-	-	9	-	19	13	16
S. ATLANTIC	24	33	142	190	402	442	200	505
Del.	-	-	6	3	8	12	2	10
Md.	14	14	17	48	69	73	40	62
D.C.	-	5	-	-	-	11	U	U
Va.	7	4	40	41	39	51	22	66
W. Va.	-	1	11	8	15	5	9	9
N.C.	2	1	39	42	93	124	30	109
S.C.	-	-	8	11	46	22	27	40
Ga.	-	2	-	19	50	58	70	151
Fla.	1	6	21	18	82	88	-	58
E.S. CENTRAL	3	3	5	15	92	209	31	96
Ky.	1	-	2	2	10	47	U	U
Tenn.	-	2	-	12	17	55	28	62
Ala.	2	1	3	1	45	62	-	28
Miss.	-	-	-	-	20	46	3	6
W.S. CENTRAL	-	3	-	8	81	147	70	292
Ark.	-	1	-	-	17	25	6	25
La.	-	1	-	-	-	10	18	48
Okla.	-	-	-	8	-	24	-	5
Tex.	-	1	-	-	64	87	46	214
MOUNTAIN	6	5	13	13	212	207	108	193
Mont.	-	1	6	3	11	2	-	-
Idaho	-	-	-	-	18	7	-	9
Wyo.	-	-	5	5	3	2	-	5
Colo.	2	1	-	1	28	51	10	55
N. Mex.	-	1	-	-	20	23	5	20
Ariz.	2	2	2	4	69	73	59	59
Utah	2	-	-	-	44	25	32	29
Nev.	-	-	-	-	19	24	-	16
PACIFIC	25	20	14	25	670	599	40	560
Wash.	-	1	-	-	9	15	2	72
Oreg.	3	2	-	-	37	33	36	56
Calif.	22	16	14	25	588	505	-	388
Alaska	-	-	-	-	-	6	2	4
Hawaii	-	1	-	-	28	40	-	40
Guam	-	-	-	-	-	10	U	U
P.R.	-	-	2	5	-	40	U	U
V.I.	-	U	-	U	-	U	U	U
Amer. Samoa	-	U	-	U	-	U	U	U
C.N.M.I.	-	U	-	U	-	U	U	U

N: Not notifiable U: Unavailable - : no reported cases

*Individual cases may be reported through both the National Electronic Telecommunications System for Surveillance (NETSS) and the Public Health Laboratory Information System (PHLIS).

The *Morbidity and Mortality Weekly Report (MMWR)* Series is prepared by the Centers for Disease Control and Prevention (CDC) and is available free of charge in electronic format and on a paid subscription basis for paper copy. To receive an electronic copy on Friday of each week, send an e-mail message to listserv@listserv.cdc.gov. The body content should read *SUBscribe mmwr-toc*. Electronic copy also is available from CDC's World-Wide Web server at <http://www.cdc.gov/> or from CDC's file transfer protocol server at <ftp.cdc.gov>. To subscribe for paper copy, contact Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402; telephone (202) 512-1800.

Data in the weekly *MMWR* are provisional, based on weekly reports to CDC by state health departments. The reporting week concludes at close of business on Friday; compiled data on a national basis are officially released to the public on the following Friday. Address inquiries about the *MMWR* Series, including material to be considered for publication, to: Editor, *MMWR* Series, Mailstop C-08, CDC, 1600 Clifton Rd., N.E., Atlanta, GA 30333; telephone (888) 232-3228.

All material in the *MMWR* Series is in the public domain and may be used and reprinted without permission; citation as to source, however, is appreciated.

Director, Centers for Disease
Control and Prevention
Jeffrey P. Koplan, M.D., M.P.H.

Acting Deputy Director for Science
and Public Health, Centers for
Disease Control and Prevention
Lynne S. Wilcox, M.D., M.P.H.

Acting Director,
Epidemiology Program Office
Barbara R. Holloway, M.P.H.

Editor, *MMWR* Series
John W. Ward, M.D.

Acting Managing Editor,
MMWR (weekly)
Caran R. Wilbanks

Writers-Editors,
MMWR (weekly)

Jill Crane
David C. Johnson
Teresa F. Rutledge

Desktop Publishing
Lynda G. Cupell
Morie M. Higgins
Cheryle R. Reynolds

☆U.S. Government Printing Office: 2000-533-206/08053 Region IV

DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Centers for Disease Control
and Prevention (CDC)
Atlanta, Georgia 30333

Official Business
Penalty for Private Use \$300
Return Service Requested

9907 93036 L20799
UNIVERSITY MICROFILMS
SERIALS ACQUISITION DEPT
300 NORTH ZEEB ROAD
ANN ARBOR MI 48103-1553
0011

FIRST-CLASS MAIL
POSTAGE & FEES PAID
PHS/CDC
Permit No. G-284

